

**LETTER TO PARENTS
SPECIAL MILK PROGRAM**

Dear Parent/Guardian:

The _____ School/District takes part in the Special Milk Program every school day. Children from households that meet federal income guidelines are eligible for free milk. To apply for free milk, complete the enclosed application, sign it, and return it to the school.

- If you now get Food Stamps, Cash Assistance (CA) or Food Distribution Program on Indian Reservations (FDPIR) for your child, that child is eligible for free milk.
- If your household income is at or below amounts on the income chart, your child is eligible for free milk.
- If you have a foster child, that child may be eligible for benefits regardless of your income.

INCOME CHART

Effective From July 1, 2003 to June 30, 2004

Household Size	Annual	Month	Week
1.....	\$16,613	\$1,385	320
2.....	22,422	1,869	432
3.....	28,231	2,353	543
4.....	34,040	2,837	655
5.....	39,849	3,321	767
6.....	44,658	3,805	879
7.....	51,467	4,289	990
8.....	57,276	4,773	1,102
For each additional Family Member add	+5,809	+485	+112

HOW TO APPLY:

If you are currently receiving food stamps, CA benefits, or FDPIR a *Free Meals Program Letter* **will not be mailed to you.** The district has access to a new Direct Certification System and will verify the household is receiving DES benefits. The district will notify the family of the child's benefits. To ensure your child receives benefits an application may be filled out. Please fill in the application with the child's name, food stamp, CA or FDPIR case number and the signature of one adult household member.

If you do not receive food stamp, CA or FDPIR benefits, fill in the application with the names of everyone in the household, the amount, source and frequency of the income received by each household member, the signature of an adult household member and their social security number. Write *None* if the person has no social security number.

OTHER INFORMATION:

- **VERIFICATION:** Your eligibility may be checked by school officials at any time during the school year. You may be asked to send information to prove that you child should get free milk.
- **FAIR HEARING:** If you do not agree with the school's decision on your application or the results of verification, you may wish to discuss it with the school. You also have the right to a fair hearing. You can do this by contacting the following official:

Name _____ Phone _____

Address _____

- **REPORTING CHANGES:** If your child gets milk based on income information, you must tell the school if your household size decreases or your income increases by more than \$50 per month or \$600 per year. If your child gets milk based on FDPIR, CA or food stamp information, you must advise the school if you no longer receive these benefits for your child.
- **CONFIDENTIALITY:** The information you give on the application will be used only to allow your child to receive free milk and to verify eligibility.
- **REAPPLICATION:** You may apply for free milk at any time during the school year. If you are not eligible now but have a change, such as a decrease in household income, an increase in household size, become unemployed or receive food stamps, CA or FDPIR for your child, fill out an application then.
- **CHILDREN WITH DISABILITIES:** If a child has been determined by a doctor to be handicapped and the handicap would prevent the child from eating the regular school meal, this school will make any substitutions prescribed by the doctor. If a substitution is needed there will be no extra charge for the meal. If you believe your child needs substitutions because of a handicap, please get in touch with us for further information.

In the operation of the child feeding programs, no child will be discriminated against because of race, sex, color, national origin, age or handicap. If you believe you have been discriminated against, write to the Secretary of Agriculture, Washington, D.C. 20250.

Applications will be determined by _____
(Name and Title of Determining Official)

You will be notified when the application is approved or denied.